

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**ALAMEDA COUNTY TREASURER**

1221 OAK STREET

OAKLAND CA

94612

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15 County/City Ratio: 0.01890815**

<b>Gross Claim</b>	<b>\$</b>	<b>96,822.74</b>
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<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>96,822.74</b>
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<b>YTD Amount:</b>	<b>\$</b>	<b>96,822.74</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**ALPINE COUNTY TREASURER**

PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15 County/City Ratio: 0.00001163**

<b>Gross Claim</b>	<b>\$</b>	<b>59.50</b>
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<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>59.50</b>
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<b>YTD Amount:</b>	<b>\$</b>	<b>59.50</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

AMADOR COUNTY TREASURER  
810 COURT STREET

JACKSON CA 95642

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15 **County/City Ratio:** 0.00105165

<b>Gross Claim</b>	\$	5,385.17
<b>Net Claim / Payment Amount</b>	\$	5,385.17
<b>YTD Amount:</b>	\$	5,385.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$5,120,688.15

Gross monthly apportionment: \$5,120,688.15 County/City Ratio: 0.01178335

Gross Claim	\$	60,338.86
Net Claim / Payment Amount	\$	60,338.86
YTD Amount:	\$	60,338.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.00147660

<b>Gross Claim</b>	\$	7,561.21
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<b>Net Claim / Payment Amount</b>	\$	7,561.21
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<b>YTD Amount:</b>	\$	7,561.21
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.00019050

<b>Gross Claim</b>	\$	<b>975.49</b>
<b>Net Claim / Payment Amount</b>	\$	<b>975.49</b>
<b>YTD Amount:</b>	\$	<b>975.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**CONTRA COSTA COUNTY TREASURER**

625 COURT ST RM 102

MARTINEZ CA

94553

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15**

**County/City Ratio: 0.00955050**

<b>Gross Claim</b>	<b>\$</b>	<b>48,905.13</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>48,905.13</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>48,905.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15**

**County/City Ratio: 0.00162855**

<b>Gross Claim</b>	<b>\$</b>	<b>8,339.30</b>
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<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>8,339.30</b>
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<b>YTD Amount:</b>	<b>\$</b>	<b>8,339.30</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$5,120,688.15

Gross monthly apportionment: \$5,120,688.15

County/City Ratio: 0.00472363

Gross Claim	\$	24,188.18
Net Claim / Payment Amount	\$	24,188.18
YTD Amount:	\$	24,188.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.05196738

<b>Gross Claim</b>	\$	<b>266,108.75</b>
<b>Net Claim / Payment Amount</b>	\$	<b>266,108.75</b>
<b>YTD Amount:</b>	\$	<b>266,108.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**GLENN COUNTY TREASURER**

P O BOX 151

WILLOWS CA

95988

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15**

**County/City Ratio: 0.00107930**

<b>Gross Claim</b>	<b>\$</b>	<b>5,526.76</b>
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<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>5,526.76</b>
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<b>YTD Amount:</b>	<b>\$</b>	<b>5,526.76</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.00564860

<b>Gross Claim</b>	\$	<b>28,924.72</b>
<b>Net Claim / Payment Amount</b>	\$	<b>28,924.72</b>
<b>YTD Amount:</b>	\$	<b>28,924.72</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$5,120,688.15

Gross monthly apportionment: \$5,120,688.15

County/City Ratio: 0.00797593

Gross Claim	\$	40,842.20
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Net Claim / Payment Amount	\$	40,842.20
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YTD Amount:	\$	40,842.20
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$5,120,688.15

Gross monthly apportionment: \$5,120,688.15 County/City Ratio: 0.00012218

Gross Claim	\$	625.65
Net Claim / Payment Amount	\$	625.65
YTD Amount:	\$	625.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15 County/City Ratio: 0.02875888**

<b>Gross Claim</b>	<b>\$</b>	<b>147,265.26</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>147,265.26</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>147,265.26</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$5,120,688.15

Gross monthly apportionment: \$5,120,688.15 County/City Ratio: 0.00593970

Gross Claim	\$	30,415.35
Net Claim / Payment Amount	\$	30,415.35
YTD Amount:	\$	30,415.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

LAKE COUNTY TREASURER  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.00353003

<b>Gross Claim</b>	\$	<b>18,076.13</b>
<b>Net Claim / Payment Amount</b>	\$	<b>18,076.13</b>
<b>YTD Amount:</b>	\$	<b>18,076.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$5,120,688.15

Gross monthly apportionment: \$5,120,688.15 County/City Ratio: 0.00166598

Gross Claim	\$	8,530.96
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Net Claim / Payment Amount	\$	8,530.96
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YTD Amount:	\$	8,530.96
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.14426211

<b>Gross Claim</b>	\$	<b>738,721.86</b>
<b>Net Claim / Payment Amount</b>	\$	<b>738,721.86</b>
<b>YTD Amount:</b>	\$	<b>738,721.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15**

**County/City Ratio: 0.00565653**

<b>Gross Claim</b>	<b>\$</b>	<b>28,965.33</b>
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<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>28,965.33</b>
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<b>YTD Amount:</b>	<b>\$</b>	<b>28,965.33</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15**

**County/City Ratio: 0.01222963**

<b>Gross Claim</b>	<b>\$</b>	<b>62,624.07</b>
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<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>62,624.07</b>
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<b>YTD Amount:</b>	<b>\$</b>	<b>62,624.07</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.00031425

<b>Gross Claim</b>	\$	<b>1,609.18</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,609.18</b>
<b>YTD Amount:</b>	\$	<b>1,609.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.00153800

<b>Gross Claim</b>	<b>\$</b>	<b>7,875.62</b>
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<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>7,875.62</b>
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<b>YTD Amount:</b>	<b>\$</b>	<b>7,875.62</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15**

**County/City Ratio: 0.01417910**

<b>Gross Claim</b>	<b>\$</b>	<b>72,606.75</b>
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<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>72,606.75</b>
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<b>YTD Amount:</b>	<b>\$</b>	<b>72,606.75</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS CA

96101

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15**

**County/City Ratio: 0.00018635**

<b>Gross Claim</b>	<b>\$</b>	<b>954.24</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>954.24</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>954.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.00002713

<b>Gross Claim</b>	\$	<b>138.87</b>
<b>Net Claim / Payment Amount</b>	\$	<b>138.87</b>
<b>YTD Amount:</b>	\$	<b>138.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15 County/City Ratio: 0.01157190**

<b>Gross Claim</b>	<b>\$</b>	<b>59,256.09</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>59,256.09</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>59,256.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15 County/City Ratio: 0.00857090**

<b>Gross Claim</b>	<b>\$</b>	<b>43,888.91</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>43,888.91</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>43,888.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA 95959

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15 County/City Ratio: 0.00284083**

<b>Gross Claim</b>	<b>\$</b>	<b>14,547.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>14,547.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>14,547.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.06935068

<b>Gross Claim</b>	\$	355,123.21
<b>Net Claim / Payment Amount</b>	\$	355,123.21
<b>YTD Amount:</b>	\$	355,123.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**PLACER COUNTY TREASURER**

2976 RICHARDSON DRIVE

AUBURN CA

95603

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$5,120,688.15

Gross monthly apportionment: \$5,120,688.15

County/City Ratio: 0.00575193

Gross Claim	\$	29,453.79
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Net Claim / Payment Amount	\$	29,453.79
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YTD Amount:	\$	29,453.79
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.00100925

<b>Gross Claim</b>	\$	<b>5,168.05</b>
<b>Net Claim / Payment Amount</b>	\$	<b>5,168.05</b>
<b>YTD Amount:</b>	\$	<b>5,168.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15**

**County/City Ratio: 0.04468020**

<b>Gross Claim</b>	<b>\$</b>	<b>228,793.37</b>
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<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>228,793.37</b>
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<b>YTD Amount:</b>	<b>\$</b>	<b>228,793.37</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.06185263

<b>Gross Claim</b>	<b>\$</b>	<b>316,727.98</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>316,727.98</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>316,727.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**SAN BENITO COUNTY TREASURER**

COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER CA

95023

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.00151965

Gross Claim	\$	7,781.65
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Net Claim / Payment Amount	\$	7,781.65
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YTD Amount:	\$	7,781.65
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15**

**County/City Ratio: 0.07571913**

<b>Gross Claim</b>	<b>\$</b>	<b>387,734.00</b>
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<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>387,734.00</b>
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<b>YTD Amount:</b>	<b>\$</b>	<b>387,734.00</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**SAN DIEGO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO CA 95812 2920

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15 County/City Ratio: 0.10902765**

<b>Gross Claim</b>	<b>\$</b>	<b>558,296.60</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>558,296.60</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>558,296.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.08508095

<b>Gross Claim</b>	\$	435,673.01
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<b>Net Claim / Payment Amount</b>	\$	435,673.01
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<b>YTD Amount:</b>	\$	435,673.01
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15**

**County/City Ratio: 0.03507635**

<b>Gross Claim</b>	<b>\$</b>	<b>179,615.05</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>179,615.05</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>179,615.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15**

**County/City Ratio: 0.00709090**

<b>Gross Claim</b>	<b>\$</b>	<b>36,310.29</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>36,310.29</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>36,310.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15**

**County/City Ratio: 0.02038723**

<b>Gross Claim</b>	<b>\$</b>	<b>104,396.65</b>
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<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>104,396.65</b>
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<b>YTD Amount:</b>	<b>\$</b>	<b>104,396.65</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**SANTA BARBARA COUNTY TREASURER**  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.00419655

<b>Gross Claim</b>	\$	<b>21,489.22</b>
<b>Net Claim / Payment Amount</b>	\$	<b>21,489.22</b>
<b>YTD Amount:</b>	\$	<b>21,489.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15 County/City Ratio: 0.02136060**

<b>Gross Claim</b>	<b>\$</b>	<b>109,380.97</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>109,380.97</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>109,380.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.00277595

<b>Gross Claim</b>	\$	<b>14,214.77</b>
<b>Net Claim / Payment Amount</b>	\$	<b>14,214.77</b>
<b>YTD Amount:</b>	\$	<b>14,214.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15 **County/City Ratio:** 0.00933258

<b>Gross Claim</b>	<b>\$</b>	<b>47,789.23</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>47,789.23</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>47,789.23</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15 County/City Ratio: 0.00003935**

<b>Gross Claim</b>	<b>\$</b>	<b>201.50</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>201.50</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>201.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.00283345

<b>Gross Claim</b>	\$	14,509.21
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<b>Net Claim / Payment Amount</b>	\$	14,509.21
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<b>YTD Amount:</b>	\$	14,509.21
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.00573358

<b>Gross Claim</b>	\$	<b>29,359.88</b>
<b>Net Claim / Payment Amount</b>	\$	<b>29,359.88</b>
<b>YTD Amount:</b>	\$	<b>29,359.88</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.00531005

<b>Gross Claim</b>	\$	27,191.11
<b>Net Claim / Payment Amount</b>	\$	27,191.11
<b>YTD Amount:</b>	\$	27,191.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.02295273

<b>Gross Claim</b>	\$	117,533.72
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<b>Net Claim / Payment Amount</b>	\$	117,533.72
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<b>YTD Amount:</b>	\$	117,533.72
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA

95992

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15**

**County/City Ratio: 0.00860765**

<b>Gross Claim</b>	<b>\$</b>	<b>44,077.09</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>44,077.09</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>44,077.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA

96080

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.00265448

<b>Gross Claim</b>	\$	<b>13,592.76</b>
<b>Net Claim / Payment Amount</b>	\$	<b>13,592.76</b>
<b>YTD Amount:</b>	\$	<b>13,592.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

TRINITY COUNTY TREASURER  
PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15

**County/City Ratio:** 0.00025333

<b>Gross Claim</b>	\$	1,297.17
<b>Net Claim / Payment Amount</b>	\$	1,297.17
<b>YTD Amount:</b>	\$	1,297.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15 County/City Ratio: 0.02495325**

<b>Gross Claim</b>	<b>\$</b>	<b>127,777.81</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>127,777.81</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>127,777.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

TUOLUMNE COUNTY TREASURER  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected:** \$5,120,688.15

**Gross monthly apportionment:** \$5,120,688.15 **County/City Ratio:** 0.00206130

<b>Gross Claim</b>	\$	<b>10,555.27</b>
<b>Net Claim / Payment Amount</b>	\$	<b>10,555.27</b>
<b>YTD Amount:</b>	\$	<b>10,555.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.

To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

**Total amount collected: \$5,120,688.15**

**Gross monthly apportionment: \$5,120,688.15**

**County/City Ratio: 0.01071565**

<b>Gross Claim</b>	<b>\$</b>	<b>54,871.50</b>
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<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>54,871.50</b>
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<b>YTD Amount:</b>	<b>\$</b>	<b>54,871.50</b>
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400045A  
PAYMENT ISSUE DATE: 9/26/2014

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA 95695

**Allocation of Vehicle License Collection-Local Realignment**

Section 17604(d) Welfare and Institutions code.  
To be deposited in General Fund for Mental Health Programs.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 8/16/2014 TO: 9/15/2014

Total amount collected: \$5,120,688.15

Gross monthly apportionment: \$5,120,688.15 County/City Ratio: 0.00228368

Gross Claim	\$	11,694.01
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Net Claim / Payment Amount	\$	11,694.01
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YTD Amount:	\$	11,694.01
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